

INITIAL CUSTODY ASSESSMENT SCALE**I. IDENTIFICATION**

INMATE ID #	Classification Officer's Name:	ASSESSMENT DATE
LAST NAME	FIRST NAME	FULL MIDDLE NAME

II. CUSTODY EVALUATION**1. SEVERITY OF CURRENT CHARGES/CONVICTIONS (Use the Severity of Offense Scale. Rate the most serious charge/conviction, including any detainer/warrant.)**

Low _____ 0
 Moderate _____ 2
 High _____ 5
 Highest _____ 7

SCORE (1)

0

2. VIOLENT OFFENSE HISTORY (Use the Severity of Offense Scale.) Rate the most serious prior arrest/conviction.

None or low _____ 0
 Moderate _____ 1
 High _____ 4
 Highest _____ 7

SCORE (2)

0

3. ESCAPE HISTORY PAST FIVE YEARS (Excluding current charges.)

No escape or attempts _____ 0
 Walkaway or attempted escape from minimum security facility or failure to return from authorized absence _____ 3
 Escape or attempted escape from medium or maximum security settings _____ 6

SCORE (3)

0

MAXIMUM CUSTODY SCORE(MCS) (Add items 1, 2 and 3.) With a score of 7 or higher, assign to maximum custody. Always complete the remaining items, but do not total score if the inmate has already been assigned to maximum custody.

MCS

0

4. INSTITUTIONAL DISCIPLINARY HISTORY (Use the Disciplinary Severity Scale.)

None or minor with no segregation time _____ 0
 One or more major disciplinary reports and/or time in segregation _____ 3

SCORE (4)

0

5. PRIOR FELONY CONVICTIONS (Excluding current charges.)

None _____ 0
 One _____ 1
 Two or more _____ 4

SCORE (5)

0

6. STABILITY FACTORS (Add scores that are applicable.)

Age 25 or under _____ 1
 No high school or GED diploma _____ 1
 Not living with family _____ 1
 Unemployed for six months prior to arrest _____ 1

SCORE (6)

0

COMPREHENSIVE CUSTODY SCORE (Add items 1 - 6)**TOTAL SCORE**

0

III. SCALE SUMMARY AND RECOMMENDATIONS**A. CUSTODY LEVEL INDICATED BY SCALE**

1 = MINIMUM 2 = MEDIUM 3 = MAXIMUM

Custody Level

Custody Classification Score

7 or more points on items 1 - 3Maximum
 5 or fewer points on items 1 - 6Minimum
 5 or fewer points on items 1 - 6, with detainer/warrantMedium
 6 to 10 points on items 1 - 6Medium
 11 or more points on items 1 - 6Maximum

B. SPECIAL MANAGEMENT ISSUES (Check (x) all that apply to this inmate)

- | | | |
|---|--|--|
| <input type="checkbox"/> Known Enemies | <input type="checkbox"/> Medical Problem | <input type="checkbox"/> Serious Violence Threat |
| <input type="checkbox"/> Psychological Impairment | <input type="checkbox"/> Known Management Problem | <input type="checkbox"/> Escape Threat |
| <input type="checkbox"/> Mental Deficiency | <input type="checkbox"/> Physical Impairment | <input type="checkbox"/> Known Homosexual |
| <input type="checkbox"/> Substance Abuse Problem | <input type="checkbox"/> Relative Incarcerated at DOC | <input type="checkbox"/> Physically Small/Weak |
| <input type="checkbox"/> Suicide Risk | <input type="checkbox"/> Co-defendant Incarcerated at DO | <input type="checkbox"/> Prior Good Conduct |

C. OVERRIDE OF SCALE CUSTODY LEVEL IS RECOMMENDED

1 = Yes

2 = No

OVERRIDE CODE

0

If yes, give rationale (required)

D. RECOMMENDED CUSTODY LEVEL AND HOUSING ASSIGNMENT

HOUSING ASSIGNMENT

Custody Level (Check One)

- ☐ 3 Maximum Custody
☐ 2 Medium Custody
☐ 1 Minimum Custody

CLASSIFICATION OFFICER SIGNATURE

DATE

IV. SUPERVISOR APPROVAL OF OVERRIDE**A. RECOMMENDED CUSTODY LEVEL**

1 = APPROVED

2 = DISAPPROVED (Compleat)

APPROVAL CODE

0

B. FINAL CUSTODY LEVEL AND HOUSING ASSIGNMENT

FINAL CUSTODY LEVEL

FINAL HOUSING ASSIGNMENT

Rationale (required if different from recommendation)

Supervisor's Signature:

DATE:

CUSTODY REASSESSMENT SCALE**I. IDENTIFICATION**

LAST NAME:		FIRST NAME:		FULL MIDDLE NAME:	
INMATE ID #:		REASSESSMENT REASON:		ASSESSMENT DATE:	
				CLASSIFICATION OFFICER:	

II. CUSTODY EVALUATION**1. SEVERITY OF CURRENT CHARGES (Use the Severity of Offense: Rate the most serious charge/conviction, including any detainer/warrants)**

Low _____ 0
 Moderate _____ 1
 High _____ 4
 Highest _____ 6

SCORE (1):

0

2. SERIOUS OFFENSE HISTORY (Use the Severity of Offense Scale: Rate the most serious prior offense during the past five years)

None or Low _____ 0
 Moderate _____ 1
 High _____ 3
 Highest _____ 6

SCORE (2):

0

3. ESCAPE HISTORY (Excluding current charges)

No escape or attempts _____ 0
 Walkway or attempted escape from Minimum Security Facility or failure to return from authorized absence _____ 2
 Escape or attempted escape from medium or maximum security setting _____ 6

SCORE (3):

0

MAXIMUM CUSTODY SCORE (Add items 1,2 and 3)

With a score of 7 or higher, assign to maximum custody. (Always complete the remaining items, but do not total score if the inmate has already been assigned to maximum custody.)

MCS:

0

4. NUMBER OF DISCIPLINARY CONVICTIONS (Since last classification)

None _____ 0
 One _____ 2
 Two _____ 4
 Three or more _____ 6

SCORE (4):

0

5. MOST SERIOUS DISCIPLINARY CONVICTION (Use the Disciplinary Severity Scale)

None _____ 0
 Low _____ 1
 Moderate _____ 2
 High _____ 5
 Highest _____ 7

SCORE (5):

0

6. VOLUNTARY PROGRAM PARTICIPATION

High _____ 0
 Moderate _____ 1
 Low _____ 2

SCORE (6):

0

7. INSTITUTIONAL CONDUCT (Since last classification: Use Monthly Evaluation Form)

Good _____ 0
 Poor _____ 4

SCORE (7):

0

TOTAL SCORE:

0

COMPREHENSIVE CUSTODY SCORE (Items 1 - 7)

III. SCALE SUMMARY AND RECOMMENDATIONS**A. CUSTODY LEVEL INDICATED BY SCALE**

1. Minimum 2. Medium 3. Maximum

CODE:

0

Custody Classification Score

7 or more points on items 1 - 3 _____ Maximum

5 or fewer points on items 1 - 7 _____ Minimum

5 or fewer points on items 1 - 7 with detainer/warrant _____ Medium

6 to 10 points on items 1 - 7 _____ Medium

11 or more points on items 1 - 7 _____ Maximum

B. SPECIAL MANAGEMENT ISSUES (Check all that apply to this inmate.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Known Enemies | <input type="checkbox"/> Medical Problem | <input type="checkbox"/> Serious Violence Threat |
| <input type="checkbox"/> Psychological Impairment | <input type="checkbox"/> Known Management Problem | <input type="checkbox"/> Escape Threat |
| <input type="checkbox"/> Mental Deficiency | <input type="checkbox"/> Physical Impairment | <input type="checkbox"/> Known Homosexual |
| <input type="checkbox"/> Substance Abuse Problem | <input type="checkbox"/> Relative Incarcerated at DOC | <input type="checkbox"/> Physically Small/Weak |
| <input type="checkbox"/> Suicide Risk | <input type="checkbox"/> Co-defendant Incarcerated at DOC | <input type="checkbox"/> Prior Good Conduct |

C. OVERRIDE OF SCALE CUSTODY LEVEL IS RECOMMENDED

1 = Yes 2 = No

OVERRIDE CODE:

0

If yes, give rationale (required):

D. RECOMMENDED CUSTODY LEVEL AND HOUSING ASSIGNMENT**HOUSING ASSIGNMENT:****CUSTODY LEVEL:**

CLASSIFICATION OFFICER SIGNATURE:

DATE:

IV. CLASSIFICATION SUPERVISOR APPROVAL OF OVERRIDE**A. RECOMMENDED CUSTODY LEVEL**

= Approved 2 = Disapproved (Complete B.)

1

APPROVAL CODE:

0

B. FINAL CUSTODY LEVEL AND HOUSING ASSIGNMENT**FINAL HOUSING ASSIGNMENT:****FINAL CUSTODY LEVEL:**

Rationale (required if different from recommendation):

SUPERVISOR SIGNATURE:

DATE:

Severity of Offense Scale

HIGHEST

Up to Ten (10) or more than Ten (10) years Imprisonment

- | | |
|---|--|
| 1. 1 st Degree Murder | 15. Homicide by vehicle |
| 2. 1 st Degree Sexual Assault | 16. Importation of Controlled Substance Under Schedule I or II |
| 3. 1 st Degree Sexual Assault of a Minor | 17. Issuance of Bad Check Over \$20,000 |
| 4. 2 nd Degree Murder | 18. Kidnapping |
| 5. 2 nd Degree Sexual Assault | 19. Promoting Prostitution in the 1 st Degree |
| 6. 2 nd Degree Sexual Assault of a Minor | 20. Misuse of Credit Card Over \$20,000 |
| 7. Aggravated Assault and Battery | 21. Robbery |
| 8. Arson (Damaging Structure) | 22. Theft over \$20,000 |
| 9. Arson (Damaging Property to Collect Insurance) | 23. Trafficking Narcotic Drugs or Methamphetamine |
| 10. Assault with a dangerous weapon | 24. Unlawful Exploitation of a Minor |
| 11. Burglary (Inflict bodily injury or used a dangerous weapon) | 25. Usurping Control of an Aircraft |
| 12. Counterfeiting | 26. Voluntary Manslaughter |
| 13. Criminal Mischief Over \$20,000 | 27. Possession of Child Pornography |
| 14. Distribution to Person Under 18 Years Controlled Substance Under Schedule I or II | |

HIGH

Up to Five (5) Years Imprisonment

- | | |
|--|--|
| 1. 3 rd Degree Sexual Assault | 16. Involuntary Manslaughter |
| 2. 3 rd Degree Sexual Assault of a Minor | 17. Issuance of Bad Check under \$20,000 |
| 3. Bribery | 18. Manufacture or Distribution Fraud of Controlled Substance |
| 4. Burglary- (Enter dwelling after sunset/before sunrise) | 19. Misuse of Credit Card under \$20,000 |
| 5. Child Abuse/Neglect | 20. Mutiny on a Vessel on the High Seas |
| 6. Criminal Coercion with dangerous weapon | 21. Possession of Controlled Substance |
| 7. Criminal Mischief Under \$20,000 | 22. Possession of Control Substance and Firearm |
| 8. Distribute Under the age of 18 Narcotic or Controlled Substance | 23. Possession of a Firearm, Dangerous Device or Ammunition |
| 9. DUI With Serious Bodily Injury | 24. Possession of Forged Writing of Forgery Device |
| 10. Forgery | 25. Possession or Marijuana Over 2.2 lbs. |
| 11. Fraudulent Destruction, Removal, Concealment of Recordable Instruments | 26. Promoting Prostitution in the 2 nd Degree |
| 12. Impersonating an Officer While Committing a Felony | 27. Stalking in the 1 st Degree |
| 13. Importation of Firearms Dangerous Device and Ammunition | 28. Tampering With Jury |
| 14. Incest | 29. Tampering With Judicial Records or Process |
| 15. Indecent Exposure in the 1 st Degree | 30. Theft under \$20,000 |
| | 31. Trafficking Other Controlled Substance Under Schedule I, II, III or IV |

MODERATE:**Up to Three (3) Years Imprisonment**

- | | |
|--|--|
| 1. 3 rd Offense Perjury | 6. Escape |
| 2. Arson (Reckless burning or exploding) | 7. Importation of Controlled Substance |
| 3. Burglary (Enter a dwelling) | 8. Indecent Exposure in the 1 st Degree |
| 4. Criminal Coercion | 9. Mutiny on a Vessel |
| 5. Distributing or Selling Narcotic Drugs or
Controlled Substance within 1000 feet from
School | 10. Rescue of Prisoner |

LOW**Up to One (1) Year Imprisonment**

- | | |
|--|--|
| 1. 1 st and 2 nd Offense Perjury | 27. Misuse of Credit Card Under \$250.00 |
| 2. 4 th Degree Sexual Assault | 28. Misconduct in Public Office |
| 3. Assault | 29. No Vehicle Registration |
| 4. Assault and Battery | 30. Nuisance |
| 5. Bigamy | 31. Obstructing Justice |
| 6. Carrying a Firearm without ID | 32. Possession of Less Than 1 Gram of Ice |
| 7. Cockfighting | 33. Possession of Marijuana Less Than 2.2 lbs. |
| 8. Compounding a Crime | 34. Possession or Removal of Government Property |
| 9. Contempt | 35. Prostitution |
| 10. Criminal Mischief under \$20,000.00 | 36. Prostitution Loitering |
| 11. Criminal Trespass | 37. Refused Breath Test |
| 12. Deception Business Practices | 38. Receiving Deposits in a Financial Institution |
| 13. Disturbing the Peace | 39. Reckless Driving |
| 14. Domestic Violence | 40. Resisting Arrest on Law Enforcement Officer |
| 15. DUI | 41. Riot |
| 16. Duty to Report Wounds or Death | 42. Sales Receipt Act |
| 17. Eluding Police Officer | 43. Senior Citizen Physical/Mental Abuse |
| 18. False Arrest | 44. Sexual Contact With a Prisoner |
| 19. Fireworks Permit | 45. Speeding |
| 20. Gambling | 46. Stalking in the 2 nd Degree (Domestic Violence) |
| 21. Impersonating an Officer While Committing
Misdemeanor | 47. Tampering With Mail |
| 22. Indecent Exposure in the 2 nd Degree | 48. Tampering With a Vehicle |
| 23. Inhalants | 49. Theft Under \$250.00 |
| 24. Interference with Domestic Violence Report | 50. Theft of Vehicle |
| 25. Interference with Service of Process | 51. Violating an Order For Protection (Domestic
Violence) |
| 26. Issuance of Bad Check under \$250.00 | 52. Unlawful Contact (Domestic Violence) |

INMATE DISCIPLINARY CITATION

Original Copy: Classification Officer
Copies: Inmate/Operation's Captain

INMATE NO	CITATION NO	VIOLATION DATE	VIOLATION TIME	LOCATION OF VIOLATION
Other Specify				
Last Name	First Name	Middle Name		

TYPES OF VIOLATIONS:

Category III Offenses 300 – High Severity Scale (30 to 60 days isolation and lost of one or more privileges)

- ☐ 301. Any assault resulting in death or serious bodily injury.*
- ☐ 302. Assault with a dangerous weapon.*
- ☐ 303. Riot.*
- ☐ 304. Assault on a Corrections Officer.*
- ☐ 305. Arson.*
- ☐ 306. Bribery.*
- ☐ 307. Rape, sexual acts without consent.*
- ☐ 308. Escape.*
- ☐ 309. Extortion, Blackmail, Protection: That is demanding or receiving anything of value in return for protection against others to avoid bodily harm or under threat of informing.*
- ☐ 310. Failure to cooperate in a headcount, shakedown or search.
- ☐ 311. Failure to obey orders of staff.
- ☐ 312. Damage to Government property (exceeding \$250.00).*
- ☐ 313. Possession of Class I contraband.*
- ☐ 314. Tampering with any security device.
- ☐ 315. Threatening any staff member.*
- ☐ 316. Possession of Cellular Telephone.
- ☐ 317. Adulteration of any food or drink.

Category II Offenses 200 – Moderate Severity Scale (15 to 30 days isolation and lost of one or more privileges).

- ☐ 201. Assault and Battery.*
- ☐ 202. Counterfeiting and/or Forgery.*
- ☐ 203. Damage to Government property (Less than \$250.00 in value).*
- ☐ 204. Destroying the property of another.
- ☐ 205. Failure to maintain personal hygiene.
- ☐ 206. Failure to maintain sanitary conditions.
- ☐ 207. Fighting.*
- ☐ 208. Interfering with staff.
- ☐ 209. Possession of Class II contraband.

- ☐ 210. Refusal to work.
- ☐ 211. Sexual acts with consent.
- ☐ 212. Theft.*
- ☐ 213. Threatening another person.
- ☐ 214. Throwing objects, liquids or food.
- ☐ 215. Violation of visiting rules.
- ☐ 216. Misuse of authorized medication.
- ☐ 217. Tattooing or self-mutilation.

Category I Offenses 100 – Low Severity Scale (7 to 15 days isolation and lost of one or more privileges, probation or written warning).

- ☐ 101. Being in an unauthorized area.
- ☐ 102. Answering to the name of another.
- ☐ 103. Deception.
- ☐ 104. Disorderly conduct.
- ☐ 105. Disrespect to staff or another inmate/detainee.
- ☐ 106. Being unsanitary or untidy; failing to keep one's person, cell and/or day room area clean.
- ☐ 107. Unauthorized contact with the public.
- ☐ 108. Unauthorized use of telephone.
- ☐ 109. Failure to perform assigned work.
- ☐ 110. Failure to secure personal property.
- ☐ 111. Violating a condition of furlough, pass, or any other conditional or temporary release.
- ☐ 112. Possession of Class III contraband.
- ☐ 113. False Report.
- ☐ 114. Possession of betelnut, cigarette, lighter, chewing tobacco or snuff.
- ☐ 115. Misuse of Government property.
- ☐ 116. Unauthorized possession of another person's property.
- ☐ 117. Gambling.
- ☐ 118. Disruption of any institutional activity.
- ☐ 119. Possession of clothing, bedding, and/or linen in excess of the amount authorized.
- ☐ 120. Abuse of intercom system.

Violations marked * may result in criminal charges being filed with the Attorney General's Office.

NARRATIVE

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Reporting Officer's Name/Signature

Inmate's Name/Signature

Supervisor's Name/Signature

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CONFIDENTIAL - EYES ONLY - SECURITY INFORMATION

TO: [REDACTED]

FROM: [REDACTED]

SUBJECT: [REDACTED]

1. [REDACTED]

2. [REDACTED]

3. [REDACTED]

4. [REDACTED]

5. [REDACTED]

6. [REDACTED]

7. [REDACTED]

8. [REDACTED]

9. [REDACTED]

10. [REDACTED]

11. [REDACTED]

12. [REDACTED]

13. [REDACTED]

14. [REDACTED]

15. [REDACTED]

16. [REDACTED]

DIVISION OF CORRECTIONS

CLASSIFICATION

INMATE NEEDS REASSESSMENT

Inmate ID #:	Last Name:	First Name:	Middle Name:
Reassessment Date:	Reassessment Officer:		

Health

1. Limited physical capacity, acute illness; needs hospitalization or outpatient treatment

2. Mild disability or illness; outpatient treatment required; non-strenuous work

3. No problem that limit housing or work assignments

REASSESSMENT

Code

Emotional Stability

1. Severe impairment; danger to self, others; needs hospital environment

2. Moderate impairment; requires monitoring, individual or group

3. Emotionally stable; no indications of mental illness

Code

Education

1. 5th grade or below reading, math skills; needs remedial or special education classes

2. No high school diploma; needs adult education or GED program

3. High school diploma, GED, or equivalent

Code

Vocational Skills

1. No discernible skill, needs training

2. Limited skills; ability to hold semi-skilled position; needs training

3. Possesses marketable skill or trade

Code

Substance Abuse

1. Frequent abuse resulting in social, economic, or legal problems; needs treatment

2. Occasional abuse causing disruption of functioning

3. No disruption of functioning or legal difficulties

Code

Mental Ability

1. Serious disability limiting ability to function; needs sheltered living, work situations

2. Mild disability limiting educational, vocational potential

3. No discernible disability

Code

Other: (1) describe:

Other Code
Priority Code

	New Program Recommendations	Program Code	Priority Code
1.			
2.			
3.			

Program Codes

Priority Code

DECLARATION OF THE ATTORNEY FOR THE PLAINTIFFS

I, the undersigned, am the Attorney for the Plaintiffs in the above-captioned case. I am a member of the State Bar of Texas and am duly licensed to practice law in the State of Texas.

I declare under penalty of perjury that the foregoing is true and correct.

Subscribed and sworn to before me this 1st day of April, 2008.

Notary Public

My commission expires on 04/02/2009. I am a member of the State Bar of Texas and am duly licensed to practice law in the State of Texas. I declare under penalty of perjury that the foregoing is true and correct.

Notary Public

Subscribed and sworn to before me this 1st day of April, 2008.

My commission expires on 04/02/2009. I am a member of the State Bar of Texas and am duly licensed to practice law in the State of Texas. I declare under penalty of perjury that the foregoing is true and correct.

Notary Public

My commission expires on 04/02/2009. I am a member of the State Bar of Texas and am duly licensed to practice law in the State of Texas. I declare under penalty of perjury that the foregoing is true and correct.

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Notary Public

Notary Public

CLASSIFICATION PLAN

1. IDENTIFICATION

INMATE ID #

CURRENT DATE OF PLAN

CLASSIFICATION OFFICER

LAST NAME

FIRST NAME

FULL MIDDLE NAME

TYPE OF CLASSIFICATION ASSESSMENT:

☐ INITIAL

☐ REASSESSMENT

SPECIAL (INDICATE REASON)

CURRENT CUSTODY LEVEL

IF CURRENT CUSTODY LEVEL DIFFERENT FROM LEVEL INDICATED ON CLASSIFICATION FORM, PROVIDE RATIONALE.

RATIONALE

ASSIGNED PROGRAMS

1.

2.

3.

OTHER PROGRAM CONSIDERATION

1.

2.

3.

CURRENT PRIVILEGES

RATIONALE:

ASSIGNED HOUSING UNIT

NEXT CLASSIFICATION DATE

OFFICER SIGNATURE

DATE

WALSH KITCHEN

10/10/07

10/10/07

10/10/07

10/10/07

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COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
DEPARTMENT OF CORRECTIONS

INMATE INSTITUTIONAL CONDUCT EVALUATION:

INMATE NAME: _____	DATE: ____/____/____
ID NUMBER: _____	CELL ASSIGNMENT: _____ SECTION: _____

INSTRUCTIONS:

The evaluation of conduct for each inmate shall be in accordance with the Rules and Regulations of the Department of Corrections. The rating elements below constitute a general observation of the inmate's institutional behavior for the past month. The reasons for a Good or Poor rating shall be entered in the "Comments" space. If any disciplinary charges and dispositions have been brought against the inmate during the past month, this shall be noted in the appropriate "Comments" section. The information entered in this form will be used in the Department of Corrections Objective Classification procedures and a copy will be placed in the inmate's personal file.

	GOOD	POOR	
1. OBSERVANCE OF DOC INMATE RULES AND REGULATIONS.	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____
2. OBSERVANCE OF RULES OF WORK RELEASE, VISITATION, AND PHONE USE.	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____
3. CLEANLINESS OF ASSIGNED QUARTERS.	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____
4. PERSONAL APPEARANCE, HYGIENE AND GROOMING.	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____
5. WILLINGNESS TO ACCEPT AND COMPLETE ASSIGNED WORK DETAILS.	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____
6. COOPERATION AND RESPECT IN DEALING WITH STAFF.	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____
7. COOPERATION WITH OTHER INMATES.	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____

COMPUTATION OF TOTAL SCORE: If the inmate has scored Good on the majority of items (five out of seven) he/she should be given a total rating of Good. If less than five, the rating should be Poor.

I, the undersigned officer, do rate the institutional conduct of this inmate as: ☐ GOOD ☐ POOR

COMMENTS REGARDING RATING, REFUSAL TO SIGN OR NON-CONCURRENCE: _____

EVALUATED BY: _____ RADIO CALL#: _____ DATE: _____

Corrections Officer

ACKNOWLEDGED BY INMATE: _____ DATE: _____

Signature

☐ CONCURRED ☐ NOT CONCURRED BY: _____ DATE: _____

Supervisor

5

6

7